IOM-P054

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Number

Attorney Docket

DECLARATION FOR UTILITY OR

DESIGN

COMPLETE IF KNOWN Application Number Filing Date July 26, 2006 Art Unit Examiner Name Filing Date July 26, 2006 Art Unit Examiner Name Filing Date July 26, 2006 Art Unit Examiner Name Thereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. Delieve the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: IONTOPHORETIC ELECTRODE	PATENT AP	PLICATION	First Named	Inventor	Koschinsky	y et al.			
Declaration Submitted With Initial Filing (surcharge (37 CFR 1.16 (e)) required) I hereby declare that: Each inventor's residence, mailing address, and clitizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: IONTOPHORETIC ELECTRODE (Title of the Invention) the specification of which is attached hereto OR X was filed on (MM/DD/YYYY) O2/28/2005 as United States Application Number or PCT International (MM/DD/YYYYY) Application Number PCT/US05/06437 and was amended on (MM/DD/YYYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application having a filing date before that of the application on which priority is claimed. Filing Date Art Unit Examiner Name Art Unit Examiner Name Art Unit Examiner Name Examiner Name Art Unit Examiner Name Ar			С	OMPLETE IF KN	IOWN				
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	before that of the application on which priority is claimed.								
Number(s) Country (MM/DD/YYYY) Not Claimed YES NO									
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2)
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION – Utility or Design Patent Application

	ddress ated with mer Number:		22	287	6		OR		Correspondence address below
Name									
Address									
City				State				ZIP	,
Country		Telephor	ne			Fax			
I hereby declare that all statement are believed to be true; and furth made are punishable by fine or in validity of the application or any pa	ner that these nprisonment, c	statements or both, und	were ma	de with	the kno	wledge 1	that willful	false	statements and the like so
NAME OF SOLE OR FIRST IN	VENTOR:			v petitio	n has b	een filed	l for this ι	ınsigne	ed inventor
Given Name (first and middle [if Ralph	any])				Family Name or Surname Koschinsky				
Inventor's Signature									Date
Residence: City Sandy	State Utah			Co U	ountry S			Citize US	enship
Mailing Address 8764 Oakwood Park Circle									
City Sandy	State Utah				Zip 8409)4			Country JS
NAME OF SECOND INVEN	TOR:				A petit	ion has	been filed	for thi	is unsigned inventor
Given Name (first and middle [if James D.	any])				I -	nily Namo	e or Surn	ame	
Inventor's Signature									Date
Residence: City Salt Lake City		State U tah			Country US	/			Citizenship JS
Mailing Address 2852 East Lancaster Drive									
City Salt Lake City	l l	State U tah			Zip 84108			Country JS	
x Additional inventors or a legal representative are being named on the _1_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.									

PTO/SB/02A (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page _ 1 of _ 1				
Name of Additional Joint Inventor, if any:		A pet	tition h	nas been filed for this	unsigned inventor		
Given Name (first and middle[if any])		Family Nam	ne or S	Surname			
Robert F.		Hause Jr.					
Inventor's Signature					Date		
Residence: Bountiful	idence: Bountiful State Utah		Country USA		Citizenship US		
Mailing Address 2699 South Wood Hollow Way							
Mailing Address				г			
City Bountiful	State Ut	tah		Zip 84010	Country USA		
Name of Additional Joint Inventor, if any:		A pet	tition h	nas been filed for this	unsigned inventor		
Given Name (first and middle [if any])				Family Name or	Surname		
Inventor's Signature					Date		
Residence: City	State		Coun	ntry	Citizenship		
Mailing Address							
Mailing Address							
City	State	<u> </u>		Zip	Country		
Name of Additional Joint Inventor, if any:		A pet	ition h	nas been filed for this			
Given Name (first and middle [if any])		 		Family Name or	Surname		
Inventor's Signature					Data.		
Signature	T				Date		
Residence: City	State		Coun	ntry	Citizenship		
Mailing Address							
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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	
Filing Date	July 26, 2006
First Named Inventor	Koschinsky et al.
Title	IONTOPHORETIC ELECTRODE
Art Unit	
Examiner Name	
Attorney Docket Number	IOM-P054

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby ap	point:						
X Pract	itioners ass	rs associated with the Customer Number: 22876					
OR							
Pract	itioner(s) na	amed below:					
		Name		Registration Number			
as my/our att Trademark O	orney(s) or office conne	r agent(s) to prosecute the application ide ected therewith.	ntified above, and to tran	sact all business in the United States Patent and			
Please recogn	ize or char	nge the correspondence address for the a	above-identified application	on to:			
X The	address a	associated with the above-mentioned Cus	tomer Number:				
OR			22076				
OR	e address a	associated with Customer Number:	22876				
Firm o	r ual Name						
Address							
City			State	Zip			
Country		·					
Telephone			Email				
I am the: Applie	cant/Invent	tor					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Signature				Date			
Name	Rol	bert F. Hause Jr.		Telephone			
Title and Com	Title and Company Inventor						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total of forms are submitted.							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	
Filing Date	July 26, 2006
First Named Inventor	Koschinsky et al.
Title	IONTOPHORETIC ELECTRODE
Art Unit	
Examiner Name	
Attorney Docket Number	IOM-P054

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Name R	Ralph Koschinsky	Telephone				
Title and Company Inventor						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
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SIGNATURE of Applicant or Assignee of Record							
Signatur	е				Date		
Name		Jam	es D. Isaacson		Telephone		
Title and Company Inventor							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
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